# THE ATTACHED AMENDMENTS ARE TO BILLS THAT WILL BE HEARD ON HOUSE REGULAR CALENDAR TODAY THURSDAY APRIL 11, 2019

**House Insurance Committee 1**

**Amendment No. 1 to HB1044**

**Travis**
**Signature of Sponsor**

**AMEND Senate Bill No. 942* House Bill No. 1044**

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Section 56-7-2207(b), is amended by adding the following as a new subdivision:

(7) Notwithstanding this title to the contrary, neither the definition of case characteristics in § 56-7-2203(5), nor any other provision in this chapter, prohibits a pool created under § 56-26-204 from using case characteristics, claim experience, health status, or duration of coverage since issue in determining initial or adjusted premium rates for employers pooling their liabilities under § 56-26-204;

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**House Education 1**

**Amendment No. 1 to HB0094**

**White**
**Signature of Sponsor**

**AMEND Senate Bill No. 58* House Bill No. 94**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1.

(a) There is established a task force regarding the creation of the Tennessee Outdoor Education and Recreation Grant Program, which will include promoting opportunities for students with limited access to outdoor education and recreation, including environmental, ecological, agricultural, wildlife, and natural resource-based opportunities.

(b) The Tennessee Outdoor Education and Recreation Grant Program task force shall be composed of the following members:

(1) The commissioner of environment and conservation, or the commissioner's designee;

(2) The commissioner of education, or the commissioner's designee;

(3) The executive director of the Tennessee wildlife resources agency, or the executive director's designee;

(4) The commissioner of health, or the commissioner's designee;

(5) The commissioner of economic and community development, or the commissioner's designee; and

(6) The commissioner of agriculture, or the commissioner's designee.

(c) The commissioner of environment and conservation, or the commissioner's designee, shall serve as the chair of the task force and shall call the first meeting.

(d) The department of environment and conservation shall provide support services to the task force. The task force is authorized to request and receive

**Amendment No. 1 to HB0094**

**White**
**Signature of Sponsor**

**AMEND Senate Bill No. 58* House Bill No. 94**

assistance from any department, agency, or entity of the state government upon request.

(e) Members of the task force shall serve without compensation and shall not be eligible for reimbursement for travel expenses.

(f) The task force is directed to submit a report of its findings and recommendations to the speaker of the house of representatives, the speaker of the senate, and the governor no later than July 1, 2020. The findings and recommendations shall include:

(1) Studies and reports regarding the potential benefits of outdoor education and recreation, including increased academic success and improved mental and physical health;

(2) An inventory of any existing grant programs and other existing programs offered to provide access to outdoor education and recreation;

(3) Identification of barriers that prevent students with limited access to outdoor education and recreation from benefitting fully from currently available opportunities; and

(4) The manner in which creation of the Tennessee Outdoor Education and Recreation Grant Program could address the identified barriers or otherwise broaden opportunities for students with limited access to outdoor education and recreation and the priorities and criteria that would enable the program to most successfully target those students including, but not limited to, utilization of:

(A) State parks and wildlife management areas;

(B) Public-private partnerships;

(C) Veteran participation; and

(D) Quantitative measurement of participation and results.

(g) The task force shall cease to exist upon July 1, 2020.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**House Transportation Committee 1**

**Amendment No. 1 to HB0832**

**Howell**
**Signature of Sponsor**

**AMEND Senate Bill No. 1045 House Bill No. 832***

by deleting SECTION 1 and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 55-8-139, is amended by deleting subsection (c) in its entirety and substituting instead the following:

(c) No person shall loiter or conduct any commercial activity in, or in proximity to, the median of a state highway.

(d) Subsection (c) does not apply to:

(1) Employees of, or agents, contractors, or other persons under contract with, or acting on behalf of, the department of transportation; and

(2) Employees of, or agents, contractors, or other persons who are under contract with, or acting on behalf of, a county, municipality, or other political subdivision of this state or a utility, and who are permitted by the department of transportation to stand or conduct any activity in, or in proximity to, the median of a state highway.

(e) A violation of this section is a Class C misdemeanor; except, that a person who violates subsection (c) shall receive a warning citation for a first offense.

**House Transportation Committee 1**

**Amendment No. 1 to HB0529**

**Howell**
**Signature of Sponsor**

**AMEND Senate Bill No. 225* House Bill No. 529**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 55-8-185(c)(1), is amended by adding the following as new subdivisions:

( ) State Route 167 from mile marker 10 to mile marker 13, within the jurisdiction of Johnson County;

( ) State Route 133 from its intersection with U.S. Highway 421 to the Tennessee-Virginia state line, within the jurisdiction of Johnson County; and

( ) U.S. Highway 421 from the Mountain City limits to its intersection with Corner Road, within the jurisdiction of Johnson County.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**House Agriculture and Natural Resources Committee 1**

**Amendment No. 1 to HB0532**

**Halford**
**Signature of Sponsor**

**AMEND Senate Bill No. 358* House Bill No. 532**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 53-3-104, is amending by adding the following language as a new subsection:

(e)

(1) Notwithstanding any rule promulgated under subsection (a) and except as provided in subdivision (e)(2), the department shall not regulate the production of unpasteurized butter provided that it is produced:

(A) In a facility separate from production of pasteurized products;

(B) Solely for intrastate commerce; and

(C) By a person licensed by the department as a dairy plant.

(2) Any unpasteurized butter sold pursuant to this subsection (e) must bear the following warning on the principal display panel or panels of the label:

WARNING: This product has not been inspected by the Department of Agriculture. Raw (unpasteurized) butter may contain disease-causing micro-organisms. Persons at highest risk of disease from these organisms include newborns and infants; the elderly; pregnant women; those taking corticosteroids, antibiotics, or antacids; and those having chronic illnesses or other conditions that weaken their immunity.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**House Insurance Committee 1**

**Amendment No. 1 to HB1280**

**Travis**
**Signature of Sponsor**

**AMEND Senate Bill No. 1428 House Bill No. 1280***

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Title 71, Chapter 5, Part 1, is amended by adding the following as a new section:

(a) The governor, acting through the commissioner of finance and administration, is directed to submit to the federal centers for medicare and medicaid services a waiver amendment to the existing TennCare II waiver, or to submit a new waiver, in order to provide medical assistance to the TennCare II waiver population by means of a block grant in accordance with the provisions of this act no later than one hundred twenty (120) days after the effective date of this act. The new TennCare II waiver request for funding in the form of a block grant, if approved by the federal government and the commissioner of finance and administration, does not take effect unless subsequently authorized by joint resolution of the general assembly.

(b) Notwithstanding any law to the contrary, "block grant," as used in this section, means an allotment of federal funds for the purpose of providing medical assistance, and for which the state determines how to allocate and spend the allotted funds.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**Amendment No. 2 to HB1280**

**Stewart**
**Signature of Sponsor**

**AMEND Senate Bill No. 1428 House Bill No. 1280***

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Section 71-5-126, is amended by deleting the section and substituting instead the following:

The governor is authorized to do all that is necessary and appropriate to implement Insure Tennessee substantially as described in TennCare Demonstration Amendment #25.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

**Amendment No. 1 to HB1342**

**Lynn**
**Signature of Sponsor**

**AMEND Senate Bill No. 1120* House Bill No. 1342**

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Section 56-7-120, is amended by deleting the section and substituting the following:

(a)

(1) Notwithstanding any law to the contrary, if a policy of insurance issued in this state provides for coverage of health care rendered by a healthcare provider covered under title 63, the insured or other persons entitled to benefits under the policy are entitled to assign their benefits to the healthcare provider and such rights must be stated clearly in the policy. Notice of the assignment must be in writing to the insurer in order to be effective unless otherwise stated in the policy.

(2) If a property and casualty insurance policy includes a specified medical expense benefit payable without regard to fault, but does not permit assignment of the benefit, the insurer must establish a process that, when requested by the insured, the insurer must disburse funds in the names of the insured and the healthcare provider as joint payees. Disbursement is subject to the terms and conditions under the issued policy.

(b) As used in this section:

(1) "Emergency medical services" means the services used in responding to the perceived individual need for immediate medical care in order

**Amendment No. 1 to HB1342**

**Lynn**
**Signature of Sponsor**

**AMEND Senate Bill No. 1120* House Bill No. 1342**

to prevent loss of life or aggravation of physiological or psychological illness or injury;

(2) "Health insurance coverage":

(A) Means benefits consisting of medical care, provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as medical care, under any policy, certificate, or agreement offered by a health insurance entity; and

(B) Does not include policies or certificates covering only accident, credit, disability income, long-term care, hospital indemnity, medicare supplement as defined in 42 U.S.C. § 1395ss(g)(1), specified disease, other limited benefit health insurance, automobile medical payment insurance, or insurance under which benefits are payable with or without regard to fault and that are statutorily required to be contained in any liability insurance policy or equivalent self-insurance;

(3) "Healthcare facility" means a hospital as defined in § 68-11-201, or an ambulatory surgical treatment center as defined in § 68-11-201;

(4) "Healthcare provider" means any doctor of medicine, osteopathy, dentistry, chiropractic, podiatry, or optometry; a pharmacist or pharmacy; a hospital; a home health agency; an entity providing infusion therapy services; or an entity providing medical equipment services;

(5) "lnsured" means any person who has health insurance coverage as defined in § 56-7-109 through a health insurance entity as defined in § 56-7-109; and

(6) "Stabilized" means, with respect to an emergency medical condition, that no material deterioration of the condition is likely, within a reasonable medical probability, to result from or occur during transfer of the individual from a facility.

(c)

(1) For purposes of this subsection (c):

(A) "ln-network healthcare facility" means a healthcare facility that has a current contract provider agreement with the insured's insurer; and

(B) "Out-of-network facility-based physician" means a physician:

(i) To whom a participating healthcare facility has granted clinical privileges;

(ii) Who provides services to patients of the participating healthcare facility pursuant to those clinical privileges; and

(iii) Who does not have a current contract or provider agreement with the insured's insurer.

(2) An insured's assignment of benefits, pursuant to subsection (a), may be disregarded by an insurer if:

(A) The assignment of benefits is to an out-of-network facility-based physician; and

(B) The following conditions are not satisfied:

(i) The healthcare facility provides written notice to the insured, or the insured's personal representative, that includes the following:

(*a*) A statement that the out-of-network facility-based physician may not have a current contract provider agreement with the insured's insurer;

(*b*) A statement that the insured agrees to receive medical services by an out-of-network healthcare provider and will receive a bill for one hundred percent (100%) of billed charges for the amount unpaid by the insured's insurer;

(*c*) The estimated amount of copay, deductible, or coinsurance, or range of estimates that the facility will charge the insured for scheduled items or services provided by the facility in accordance with the insured's health benefit coverage for the items and services or as estimated by the insurance company on its website for its insured or through the available information to the facility at the time of prior authorization; and

(*d*) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such healthcare providers with which the facility has contracted, including the healthcare provider or group name, phone number, and website;

(ii) The insured or the insured's personal representative signs the written notice, acknowledging agreement to receive medical services by an out-of-network provider or should the insured or insured's personal representative refuse to sign the written notice, the healthcare facility documents in the patient's

medical record that it provided the notice and that the patient refused to sign the notice; and

(iii) The written notice includes the following statement:

**The physicians and other healthcare providers that may treat the patient at this facility may not be employed by this facility and may not participate in the patient's insurance network. Anesthesiologists, radiologists, emergency room physicians, and pathologists are not employed by this facility. Services provided by those specialists, among others, will be billed separately.**

**Before receiving services, the patient should check with his or her insurance carrier to find out if the patient's providers are in-network. Otherwise, the patient may be at risk of higher out-of-network charges.**

(d)

(1) The written notice required by subdivision (c)(2)(B) must be provided to the insured, or the insured's personal representative, prior to when the insured first receives services from the out-of-network facility-based physician. If the insured is receiving medical services through a hospital emergency department or is incapacitated or unconscious at the time of receiving services, the written notice is not required until the insured is stabilized.

(2) The failure of the healthcare facility to provide the notice required by subdivision (c)(2)(B) does not give rise to any right of indemnification or private

cause of action against the healthcare facility by an out-of-network facility-based physician for an insurer's disregard of an insured's assignment of benefits unless:

(A) The healthcare facility's failure to provide the written notice is due to willful or wanton misconduct of an agent of the healthcare facility; and

(B) The out-of-network facility-based physician provides the insured a billing statement that:

(i) Contains an itemized listing of the services and supplies provided along with the dates when the services and supplies were provided;

(ii) Contains a conspicuous, plain language explanation that:

(*a*) The out-of-network facility-based physician does not have a current contract provider agreement with the insured's insurer; and

(*b*) The insurer has paid a rate, as determined by the insurer, that is below the out-of-network facility-based physician's billed amount;

(iii) Contains a telephone number to call to discuss the billing statement; provide an explanation of any acronyms, abbreviations, and numbers used on the statement; or discuss any payment issues;

(iv) Contains a statement that the insured may call the telephone number described in subdivision (d)(2)(B)(iii) to discuss alternative payment arrangements;

(v) For billing statements that total an amount greater than two hundred dollars ($200), over any applicable copayments, coinsurance, or deductibles, states, in plain language, that if the insured finalizes a payment plan agreement within forty-five (45) days of receiving the first billing statement and substantially complies with the agreement, the out-of-network facility-based physician shall not furnish adverse information to a consumer reporting agency regarding an amount owed by the insured. For purposes of this subdivision (d)(2)(B)(v), a patient is considered out of substantial compliance with the payment plan agreement if the payments are not made in compliance with the agreement for a period of forty-five (45) days; and

(vi) Contains a telephone number for the department and a clear and concise statement that the insured may call the department to complain about any out-of-network charges.

(3) Nothing in this subsection (d) applies to accident-only, specified disease, hospital indemnity, medicare supplement, long-term care, or other limited benefit hospital insurance policies.

(e) An in-network healthcare facility does not need to provide an insured with the notice required in subdivision (c)(2) if the healthcare facility employs all facility-based physicians or requires all facility-based physicians to participate in all of the insurance networks in which the healthcare facility is a participating provider or if the healthcare facility contractually prohibits all facility-based physicians from balance billing patients.

SECTION 2. Tennessee Code Annotated, Section 68-11-243, is amended by deleting the section and substituting the following:

(a) For the purposes of this section:

(1) "Emergency medical services" means the services used in responding to the perceived individual need for immediate medical care in order to prevent loss of life or aggravation of physiological or psychological illness or injury;

(2) "Healthcare facility" means a hospital as defined in § 68-11-201, or an ambulatory surgical treatment center as defined in § 68-11-201;

(3) "Healthcare provider" means any doctor of medicine, osteopathy, dentistry, chiropractic, podiatry, or optometry; a pharmacist or pharmacy; a hospital; a home health agency; an entity providing infusion therapy services; or an entity providing medical equipment services;

(4) "In-network healthcare facility" means a healthcare facility that has a current contract provider agreement with the insured's insurer;

(5) "Insured" means any person who has health insurance coverage as defined in § 56-7-109 through a health insurance entity as defined in § 50-7-109;

(6) "Out-of-network facility-based physician" means a physician:

(A) To whom a participating healthcare facility has granted clinical privileges;

(B) Who provides services to patients of the participating healthcare facility pursuant to those clinical privileges; and

(C) Who does not have a current contract provider agreement with the insured's insurer;

(7) "Stabilized" means, with respect to an emergency medical condition, that no material deterioration of the condition is likely, within a reasonable medical probability, to result from or occur during transfer of the individual from a facility; and

(8) "Transfer" means transporting a patient from one (1) location to another for medical services.

(b) Healthcare facilities are prohibited from collecting out-of-network charges from an insured, or the insurer on behalf of the insured, in excess of the cost sharing amount required in accordance with the insured's health benefits coverage for the items and services, unless:

(1) The healthcare facility provides written notice to the insured or the insured's personal representative, prior to medical services being provided, that contains the following:

(A) A statement that the insured agrees to receive medical services by the out-of-network facility and will receive a bill for the amount unpaid by the insured's insurer;

(B) A statement that the nonparticipating out-of-network facility-based physician may not have a current contract provider agreement with the insured's insurer and is an out-of-network provider;

(C) A statement that the insured agrees to receive medical services by an out-of-network provider and will receive a bill for the amount unpaid by the insured's insurer;

(D) If the healthcare facility is out-of-network or otherwise a non-participating provider, the estimated amount that the facility will charge the insured for items and services; and

(E) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such healthcare providers with which the facility has contracted, including the healthcare provider or group name, phone number, and website, along with the following statement:

**The physicians and other healthcare providers that may treat the patient at this facility may not be employed by this facility and may not participate in the patient's insurance network.**

**Anesthesiologists, radiologists, emergency room physicians, and pathologists are not employed by this facility. Services provided by those specialists, among others, will be billed separately.**

**Before receiving services, the patient should check with his or her insurance carrier to find out if the patient's providers are in-network. Otherwise, the patient may be at risk of higher out-of-network charges.**

(2) The insured or the insured's personal representative signs the written notice, acknowledging agreement to receive medical services by an out-of-network provider or should the insured or insured's personal representative refuse to sign the written notice, the healthcare facility documents in the patient's medical record that it provided the notice and that the patient refused to sign the notice.

(c) Prior to admission for a scheduled medical procedure, a healthcare facility shall provide the insured with informational materials that include the following:

(1) The estimated amount of copay, deductible, or coinsurance, or range of estimates, that the facility will charge the insured for scheduled items and/or services provided by the facility in accordance with the insured's health benefit coverage for the items and services or as estimated by the insurance company

on its website for its insured or through the available information to the facility at the time of prior authorization;

(2) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such healthcare providers with which the facility is contracted, including the healthcare provider or group name, phone number, and website; and

(3) The following statement:

**The patient will be billed for additional charges, including out-of-network charges, if the patient is provided medical services by a healthcare provider that is not in-network. In particular, the patient should ask the facility if he or she will be provided any medical services by anesthesiologists, radiologists, emergency room physicians, or pathologists who are not in the patient's network.**

(d)

(1) Except as provided in subdivision (d)(2), the notice required by subdivision (b)(1) must be provided to the insured, or the insured's personal representative, at the time of admission.

(2)

(A) If the insured is receiving medical services through a hospital emergency department and is incapacitated or unconscious at the time of receiving those services, the notice will not be required at that time.

(B) In circumstances as described in subdivision (d)(2)(A), the written notice required by subdivision (b)(1) must be provided to the insured, or the insured's personal representative, after receiving medical services and within twelve (12) hours following stabilization. Information

about a transfer to an in-network facility must also be provided with the written notice.

(e) The failure of the healthcare facility to provide the notice required by subdivision (b)(1) and subsection (c) does not give rise to any right of indemnification or private cause of action against the healthcare facility by an out-of-network facility-based physician for an insurer's disregard of an insured's assignment of benefit.

(f) When treated at an out-of-network facility, the insured, or the insured's personal representative, must receive the written notice required by subdivision (b)(1) from the facility before being transferred by an ambulance as defined in § 68-140-302 to another facility for treatment of medical services unless the insured would be at risk of bodily injury by the facility giving the insured the notice. The written notice must provide information about the possibility of a transfer to an in-network facility if the in-network facility has similar treatment available and will not risk the insured's health.

(g) A bill to an insured from a healthcare provider or healthcare facility must contain a telephone number for the department and a clear and concise statement that the insured may call the department to complain about any out-of-network charges.

(h) An in-network healthcare facility does not need to provide an insured with the notice required in subdivision (b)(1)(E) or (c)(3) if the healthcare facility employs all facility-based physicians or requires all facility-based physicians to participate in all of the insurance networks in which the healthcare facility is a participating provider or if the healthcare facility contractually prohibits all facility-based physicians from balance billing patients.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it, and shall apply to services rendered on or after the effective date of this act.

**House Insurance Committee 1**

**Amendment No. 2 to HB1342**

**Travis**
**Signature of Sponsor**

**AMEND Senate Bill No. 1120* House Bill No. 1342**

by deleting subdivision (a)(2) of Section 1 and redesignating subdivision (a)(1) as subsection (a).

**AND FURTHER AMEND** by adding the following language immediately before the period in subsection (e) in Section 1:

in excess of the cost sharing amount required in accordance with the insured's health benefits coverage for the items and services provided

**AND FURTHER AMEND** by adding the following language immediately before the period in subsection (h) in Section 2:

in excess of the cost sharing amount required in accordance with the insured's health benefits coverage for the items and services provided

**House Health Committee 1**

**Amendment No. 1 to HB0711**

**Terry**
**Signature of Sponsor**

**AMEND Senate Bill No. 614* House Bill No. 711**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 63, Chapter 6, Part 2, is amended by adding the following new section:

(a) A physician licensed pursuant to this chapter who encounters a patient in this state with an illness or injury that the physician believes, based upon the physician's own knowledge and experience, is related to an induced abortion shall report the encounter to the department of health no later than sixty (60) days after the encounter. The physician shall report the encounter to the department by a Complications of Induced Abortion Report as described in SECTION 3.

(b) A willful violation of subsection (a) is considered unprofessional conduct and is subject to licensure sanction by the board of medical examiners, including suspension, revocation, or other restriction deemed appropriate by the board.

SECTION 2. Tennessee Code Annotated, Title 63, Chapter 9, is amended by adding the following new section:

(a) An osteopathic physician licensed pursuant to this chapter who encounters a patient in this state with an illness or injury that the osteopathic physician believes, based upon the osteopathic physician's own knowledge and experience, is related to an induced abortion shall report the encounter to the department of health no later than sixty (60) days after the encounter. The osteopathic physician shall report the encounter to the department by submitting a Complications of Induced Abortion Report as described in SECTION 3.

**Amendment No. 1 to HB0711**

**Terry**
**Signature of Sponsor**

**AMEND Senate Bill No. 614* House Bill No. 711**

(b) A willful violation of subsection (a) is considered unprofessional conduct and is subject to licensure sanction by the board of osteopathic examination, including suspension, revocation, or other restriction deemed appropriate by the board.

SECTION 3. Tennessee Code Annotated, Title 68, Chapter 1, Part 1, is amended by adding the following new section:

(a) No later than sixty (60) days after the effective date of this act, the department of health shall promulgate and make available on its publicly accessible website a Complications of Induced Abortion Report for all physicians licensed and practicing in this state. The department shall include data from submitted reports in its annual report of selected induced termination of pregnancy data. However, this section does not require the department to, and the department shall not, release the data in a manner that could identify individual patients.

(b) The Complications of Induced Abortion Report must contain a notice with an assurance that public records based on the submitted report must not contain personally identifying information about any female, and that personally identifying information in the report is not a public record for purposes of title 10, chapter 7, nor discoverable in the course of any legal proceeding.

(c) The Complications of Induced Abortion Report must be substantially similar to the following form:

**Complications of Induced Abortion Report**

1. Name and specialty field of medical practice of the physician filing the report: _____.

2. Did the physician filing the report perform or induce the abortion?

_____.

3. Name, address, and telephone number of the healthcare facility where the induced abortion complication was discovered or treated: _____.

4. Date on which the complication was discovered: _____.

5. Date on which, and location of the facility where, the abortion was performed, if known: _____.

6. Age of the patient experiencing the complication: _____.

7. Describe the complication(s) resulting from the induced abortion:

_____.

8. Circle all of the following complications that apply:

a. Death.

b. Cervical laceration requiring suture or repair.

c. Heavy bleeding/hemorrhage with estimated blood loss of greater than or equal to 500cc.

d. Uterine perforation.

e. Infection.

f. Failed termination of pregnancy (continued viable pregnancy).

g. Incomplete termination of pregnancy (retained parts of fetus requiring re-evacuation).

h. Other (may include psychological complications, future reproductive complications, or other illnesses or injuries that in the physician's medical judgment, based upon the physician's own knowledge and experience, occurred as a result of an induced abortion. Specify diagnosis.):

_____.

9. Type of follow-up care, if any, recommended: _____.

10. Will the physician filing the Complications of Induced Abortion Report be providing the follow-up care (if not, the name of the medical professional who will, if known)? _____.

11. Name and license number of the physician filing the Complications of Induced Abortion Report: _____.

SECTION 4. For purposes of promulgating the report required by this act and any rules the department deems necessary to implement this act, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes, this act shall take effect sixty (60) days after the date it becomes a law.

**Amendment No. 2 to HB0213**

**Carter**
**Signature of Sponsor**

**AMEND Senate Bill No. 1377 House Bill No. 213***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 36-3-301(a)(1), is amended by deleting the language "the county clerk of each county" and substituting instead the language "members of the general assembly who have filed notice pursuant to subsection (l), law enforcement chaplains duly appointed by the heads of authorized state and local law enforcement agencies, members of the legislative body of any municipality in this state, the county clerk of each county".

SECTION 2. Tennessee Code Annotated, Section 36-3-301, is amended by adding the following new subsection:

(l) In order to solemnize the rite of matrimony pursuant to subdivision (a)(1), a member of the general assembly must first opt in by filing notice of the member's intention to solemnize the rite of matrimony with the office of vital records.

SECTION 3. Tennessee Code Annotated, Section 36-3-301(a)(2), is amended by adding the following language at the end of the subdivision:

Persons receiving online ordinations may not solemnize the rite of matrimony.

SECTION 4. Tennessee Code Annotated, Section 36-3-301(a)(3), is amended by deleting the subdivision and substituting instead the following:

(3) If a marriage has been entered into by license issued pursuant to this chapter at which any minister officiated before July 1, 2019, the marriage must not be invalid because the requirements of the preceding subdivision (a)(2) have not been met.

**Amendment No. 2 to HB0213**

**Carter**
**Signature of Sponsor**

**AMEND Senate Bill No. 1377 House Bill No. 213***

SECTION 5. Sections 1 and 2 shall take effect upon becoming a law, the public welfare requiring it. The remaining sections shall take effect July 1, 2019, the public welfare requiring it.

**House Commerce Committee 1**

**Amendment No. 1 to HB1182**

**Hill T**
**Signature of Sponsor**

**AMEND Senate Bill No. 1013* House Bill No. 1182**

by adding the following as new subdivisions in § 47-18-5602 in SECTION 1:

( ) "Affiliate" means a person who controls, is controlled by, or is under common control with a licensee. As used in this subdivision ( ), "control" means the direct or indirect possession of the power to direct or cause the direction of the management of a licensee, whether through ownership of more than fifteen percent (15%) of the voting securities, by contract, or otherwise;

( ) "Financial institution" means a bank, including a commercial bank, savings bank, savings and loan association, credit union, mortgage bank, or a trust company, in each case engaged in the business of banking, that is chartered under federal or state law and regulated by a federal or state banking regulatory agency;

( ) "Material" means, with respect to any disclosure required by this part, information as to which a reasonable person would attach a financial impact of greater than ten thousand dollars ($10,000);

**AND FURTHER AMEND** by deleting subdivision (2) in § 47-18-5602 in SECTION 1.

**AND FURTHER AMEND** by deleting subdivision (10) in § 47-18-5602 in SECTION 1 and substituting the following:

( ) "Person" means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, or any other commercial entity. "Person" does not include a government or government subdivision, agency or instrumentality;

**House Commerce Committee 1**

**Amendment No. 1 to HB1182**

**Hill T**
**Signature of Sponsor**

**AMEND Senate Bill No. 1013* House Bill No. 1182**

**AND FURTHER AMEND** by deleting subsection (b) in § 47-18-5603 in SECTION 1 and substituting the following:

(b) Receipt of a license by a licensee is deemed consent to the jurisdiction of this state.

**AND FURTHER AMEND** by deleting subsection (f) in § 47-18-5603 in SECTION 1.

**AND FURTHER AMEND** by deleting subdivision (2) in § 47-18-5604 in SECTION 1 and renumbering existing subdivisions accordingly.

**AND FURTHER AMEND** by deleting subdivision (a)(4) in § 47-18-5606 in SECTION 1 and substituting the following:

(4) An executive officer, director, managing member, or principal of the applicant has been convicted of or pled nolo contendere to a felony or crime involving fraud, deceit, or dishonesty;

**AND FURTHER AMEND** by adding the following to the end of subsection (b) in § 47-18-5607 in SECTION 1:

However, the commissioner may suspend the license pursuant to § 47-18-5608(c).

**AND FURTHER AMEND** by deleting § 47-18-5607(c) in SECTION 1 and substituting the following:

(c) Except as provided in § 4-5-320, a licensee must receive notice and a hearing before the commissioner revokes or suspends a license. This subsection (c) must be liberally construed to permit the summary suspension of a license when the

agency finds that the public health, safety, or welfare imperatively requires emergency action.

**AND FURTHER AMEND** by deleting § 47-18-5608 in SECTION 1 and substituting the following:

(a) The commissioner may promulgate rules as necessary for the administration and enforcement of this part and may require a reasonable licensure and investigations fee in connection with the issuance of any license required by this part.

(b) The Uniform Administrative Procedures Act, compiled in title 4, chapter 5, governs all matters and procedures respecting the hearing and judicial review of any violation or contested case arising under this part.

(c) If the commissioner finds that a delay in issuing any order under this part will threaten the health, safety, or welfare such that emergency action is required, then the commissioner may summarily suspend the license pursuant to § 4-5-320.

(d) Any order issued pursuant to this section is subject to review by appeal to the Davidson County chancery court, pursuant to § 4-5-322.

**AND FURTHER AMEND** by deleting subdivision (c)(14) in § 47-18-5611 in SECTION 1 and substituting the following:

(14) Whether the consumer's rights are subject to mandatory arbitration of any and all disputes. However, nothing in this subdivision (c)(14) supersedes the requirement of § 47-18-5616(b).

**AND FURTHER AMEND** by adding the following as new sections in SECTION 1:

**47-18-5624. Severability.**

If any provision of this part or its application to any person or circumstance is held invalid, then the invalidity does not affect other provisions or applications of this part that can be given effect without the invalid provision or application, and to this end the provisions of this act are severable.

**47-18-5625.**

Notwithstanding this part or any other law, the Uniform Debt-Management Services Act, compiled in part 55 of this chapter, does not apply to the licensure and operation of a licensee providing only debt resolution services.